Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF PENNSYLVANIA		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer

Pa	rt 1: Identify Yourself		
1.	Your full name	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture	Dominique First name T. Middle name Shehee	First name Middle name
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2945	

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De	btor 1 Dominique T. She	hee	Case number (if known)			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	1008 Vintage Court Apartment F	If Debtor 2 lives at a different address:			
		Harrisburg, PA 17109	Newshare Obsert O'l Out A 7/D Out			
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Dauphin County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason.	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		Explain. (See 28 U.S.C. § 1408.)	Explain. (See 28 U.S.C. § 1408.)			

- 4.	Dominique 1. She				Case Hulliper (if known)				
Par	t 2: Tell the Court About	Your Ba	nkruptcy C	ase					
7.	The chapter of the Bankruptcy Code you are choosing to file under	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to me under	Cha	■ Chapter 7						
		☐ Cha	apter 11						
		☐ Cha	apter 12						
		☐ Cha	apter 13						
8.	How you will pay the fee	a	bout how y	ou may pay. Typically, if you are paying the rattorney is submitting your payment on y	ase check with the clerk's office in your local court for more details ne fee yourself, you may pay with cash, cashier's check, or money your behalf, your attorney may pay with a credit card or check with				
			need to pa	y the fee in installments. If you choose see in Installments (Official Form 103A).	this option, sign and attach the Application for Individuals to Pay				
			-	·	his option only if you are filing for Chapter 7. By law, a judge may,				
		b a	out is not rec applies to yo	quired to, waive your fee, and may do so our family size and you are unable to pay t	only if your income is less than 150% of the official poverty line that the fee in installments). If you choose this option, you must fill out yed (Official Form 103B) and file it with your petition.				
9.	Have you filed for bankruptcy within the last 8 years?	■ No.							
			District	When	Case number				
			District	When	Case number				
			District	When	Case number				
10.	Are any bankruptcy cases pending or being	■ No							
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
			Debtor		Relationship to you				
			District	When	Case number, if known				
			Debtor	*	Relationship to you				
			District	When	Case number, if known				
		□ No.	Go to	line 12.					
11.									
11.	Do you rent your residence?	Yes.	Has y	our landlord obtained an eviction judgmer	nt against you?				
11.		Yes.	Has y	our landlord obtained an eviction judgmer No. Go to line 12.	nt against you?				

Debtor 1 Dominique T. Shehee				(Case number (if known)	-				
Par	t 3: F	Report About Any Bu	sinesses	You Own	as a Sole Proprie	tor				
12.		ou a sole proprietor full- or part-time ess?	■ No.	Go to F	Part 4.					
			☐ Yes.	Name	and location of bus	siness				
separate legal enti as a corporation,		ess you operate as ividual, and is not a ate legal entity such		Name	of business, if any					
	If you sole p	have more than one roprietorship, use a ate sheet and attach		Numbe	er, Street, City, Sta	te & ZIP Code				 8
		is petition.		Check	the appropriate bo	ox to describe you	ur business:			
				Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))						
					•	·		• , ,,		
					Stockbroker (as d					
					Commodity Broke	-	11 U.S.C. § 101	1(6))		
					None of the above	e 				
13.	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it contained that you are filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor, you must attach your most recent balance so operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for in 11 U.S.C. 1116(1)(B).					ecent balance she	et, statement of			
		or a definition of small siness debtor, see 11 S.C. § 101(51D).	■ No.	I am no	ot filing under Chap	pter 11.				
			□ No.	I am fili Code.	ing under Chapter	11, but I am NO	T a small busin	ess debtor according t	to the definition in	the Bankruptcy
			☐ Yes.	I am fili	ing under Chapter	11 and I am a sn	mall business d	lebtor according to the	definition in the Ba	ankruptcy Code.
Part	14: F	Report if You Own or	Have Any	Hazardou	ıs Property or An	y Property That	t Needs Immed	diate Attention		
14.	Do yo	u own or have any	■ No.					-		
		rty that poses or is d to pose a threat	☐ Yes.							
	of imr	ninent and fiable hazard to	□ res.	What is th	ne hazard?	1 71777 - 1777				
	public health or safety? Or do you own any property that needs immediate attention?				ate attention is why is it needed?	,				
	perish livesto or a bu	ample, do you own able goods, or ck that must be fed, uilding that needs repairs?		Where is	the property?					
						Number, Street, 0	City, State & Zip (Code		

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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CERTIFICATE OF COUNSELING

I CERTIFY that on <u>February 26, 2019</u>, at <u>12:03</u> o'clock <u>PM MST</u>, <u>Dominique Shehee</u> received from <u>Black Hills Children's Ranch</u>, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the <u>Middle District of Pennsylvania</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date:	February 26, 2019	By:	/s/Flora Arredondo
		Name:	Flora Arredondo
		Title:	Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Debtor 1 Dominique T. Shehee Case number (if known)			rnown)			
Par	t 6:	Answer These Questi	ions for Re	porting Purposes		
16.		t kind of debts do have?	16a.	Are your debts primarily consumerity individual primarily for a personal,	ner debts? Consumer debts are defined family, or household purpose."	in 11 U.S.C. § 101(8) as "incurred by an
				☐ No. Go to line 16b.		
				Yes. Go to line 17.		
			16b.	Are your debts primarily busined money for a business or investmen	ss debts? Business debts are debts that are the training or through the operation of the business	you incurred to obtain sor investment.
				☐ No. Go to line 16c.		
				☐ Yes. Go to line 17.		
			16c.	State the type of debts you owe the	at are not consumer debts or business de	bts
17.		ou filing under oter 7?	□ No.	I am not filing under Chapter 7. Go	to line 18.	
Do you estimate that after any exempt property is excluded and			Yes.	l am filing under Chapter 7. Do you are paid that funds will be available	u estimate that after any exempt property e to distribute to unsecured creditors?	is excluded and administrative expenses
		nistrative expenses aid that funds will		■ No		
	be av	be available for distribution to unsecured creditors?		□ Yes		
18		many Creditors do			T 4 000 5 000	
10.		estimate that you	1-49 50-99		☐ 1,000-5,000 ☐ 5001-10,000	□ 25,001-50,000 □ 50,001-100,000
	owe.	•	☐ 100-199 ☐ 200-999		□ 10,001-25,000	☐ More than100,000
19.		much do you nate your assets to	\$0 - \$5		\$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
		e worth?		1 - \$100,000 01 - \$500,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion
				01 - \$300,000 01 - \$1 million	\$100,000,001 - \$500 million	☐ More than \$50 billion
20.		much do you nate your liabilities	\$0 - \$5	0,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	to be			1 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion
				01 - \$500,000 01 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
Part	7:	Sign Below				
For	you		I have exa	mined this petition, and I declare u	nder penalty of perjury that the informatio	n provided is true and correct.
					aware that I may proceed, if eligible, undo vailable under each chapter, and I choose	
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).			attorney to help me fill out this			
			I request re	elief in accordance with the chapte	r of title 11, United States Code, specified	I in this petition.
					ealing property, or obtaining money or pro 0,000, or imprisonment for up to 20 years	
			Dominiqu	nique T. Shehee	Signature of Debtor 2	
			Signature	of Debtor 1		
			Executed of	March 25, 2019 MM / DD / YYYY	Executed on MM / DE	D/YYYY

Debtor 1 Dominique T. She	ehee	Ca	se number (if known)
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petition, dec under Chapter 7, 11, 12, or 13 of title 11, United States Co for which the person is eligible. I also certify that I have de	de, and have elivered to the	explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, certify that schedules filed with the petition is incorrect.	I have no kno	wledge after an inquiry that the information in the
to the this page.	Isl Lisa A. Rynard Signature of Attorney for Debtor	Date	March 25, 2019 MM / DD / YYYY
	Lisa A. Rynard Printed name		
	Purcell, Krug & Haller Firm name		
	1719 North Front Street Harrisburg, PA 17102 Number, Street, City, State & ZIP Code	-	
	Contact phone (717) 234-4178	Email address	Irynard@pkh.com
	PA92802 PA Bar number & State		

Fill	in this information to identify your case:		
De	tor 1 Dominique T. Shehee		
De	First Name Middle Name Last Name tor 2		
	use if, filing) First Name Middle Name Last Name		
Un	ed States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA		
	e number		
(if kı	own)	_	k if this is an ided filing
		amen	idea ming
∩f	icial Form 106Sum		
_	mmary of Your Assets and Liabilities and Certain Statistical Information		12/15
	s complete and accurate as possible. If two married people are filing together, both are equally responsible		
info	mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amer original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	ıded schedi	lles after you file
Pa	Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)		,
••	1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	696.90
	1c. Copy line 63, Total of all property on Schedule A/B	\$	696.90
Pai	2: Summarize Your Liabilities	8	
, ,	Summarize Your Liabilities		1 1112
			i abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
	2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	. \$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	37,482.06
	Your total liabilitie	\$	37,482.06
	Tour tour number	J	37,462.06
Par	3 Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I)		
	Copy your combined monthly income from line 12 of Schedule I	\$	2,007.06
5.	Schedule J: Your Expenses (Official Form 106J)	\$	2,140.00
	Copy your monthly expenses from line 22c of Schedule J	Ψ	2,140.00
Par	4 Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with y	our other sc	hedules.
	Yes		
7.	What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	or a personal	, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check the court with your other schedules	า <i>is box</i> and s	ubmit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,482.81

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this inform	nation to identify your case and this filing:	
Debtor 1	Dominique T. Shehee	
Debtor 1	First Name Middle Name Last Name	
Debtor 2 (Spouse, if filing)	First Name Middle Name Last Name	
United States Ba	nkruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA	
Case number		☐ Check if this is an
		amended filing
Official Fo	rm 106A/B	
Schedule	e A/B: Property	12/15
In each category, se	eparately list and describe items. List an asset only once. If an asset fits in more than one category, list the a	sset in the category where you
think it fits best. Be	e as complete and accurate as possible. If two married people are filing together, both are equally responsibl • space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name a	e for supplying correct
Part 1: Describe I	Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In	
1. Do you own or h	ave any legal or equitable interest in any residence, building, land, or similar property?	
V=2		
No. Go to Part		
Yes. Where is	the property?	
Part 2: Describe	our Vehicles	
someone else driv	e, or have legal or equitable interest in any vehicles, whether they are registered or not? Include es. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. icks, tractors, sport utility vehicles, motorcycles	,
☐ Yes		
4. Watercraft, air <i>Examples:</i> Boat	craft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories s, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories	
■ No		
□ Yes		
5 Add the dollar pages you ha	value of the portion you own for all of your entries from Part 2, including any entries for ve attached for Part 2. Write that number here=>	\$0.00
Part 3: Describe	Our Personal and Household Items	
Do you own or h	ave any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured
<i>Examples:</i> Maj □ No □	ods and furnishings or appliances, furniture, linens, china, kitchenware	claims or exemptions.
Yes. Descri	De	
	Average Household Goods and Furnishings (see attached list)	\$210.00
incl	evisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music c uding cell phones, cameras, media players, games	collections; electronic devices
■ No	h-a	
☐ Yes. Descri Official Form 106A		page 1

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page 1
Best Case Bankruptcy

HOUSEHOLD GOODS AND FURNISHINGS	Name: chrowwall Shilled	stimated value is to be "replacement" value of the item in its present condition and given its	his is not to be estimated cost to replace with similar new item. This is only a guide. You m	aply prepare a listing without trying to make items fit into this guide. Likewise, if items are
		ij	Ë	ď

Desk, Chairs, Tables

TVs, Stereos

Computer Other:

age. I fils is not to be estimated cost to replace with similar new item. This is only a guide. You may also simply prepare a listing without trying to make items fit into this guide. Likewise, if items are	not included in this guide, please continue on another sheet.
	age. Into it not to be estimated cost to replace with similar new item. This is only a guide. You may also simply prepare a listing without trying to make items fit into this guide. Likewise, if items are

Room/Description	Estimated Value*
Living Room	
Carpets/Rugs	69
Sofas, Chairs	\$ 100000
Tables	\$ 500,00
Lamps	69
Pictures/Mirrors/Art/Décor	\ es
Other furniture (list):	69
TVs, Stereos, Electronics	\$ 50,00
Computer, Printer, Accessories	8
Other:	65
Other:	S
Total Living Room	\$170.0C
Kitchen	
Appliances	\$ 5.00
Small Appliances	\$ 5.00
Table, Chairs	\$ 10.00
Cookware	69
Dishes, Utensils	\$10.00
Other:	~ *
Total Kitchen	\$30.DO
Dining Room	
Carpet/Rugs	69
Table, Chairs	\$ 10.00
Buffet, Sideboard	
China, Glassware	49
Silver or Flatware	. *
Pictures/Mirrors	\$
Other:	89
Total Dining Room	\$10.00
Bedrooms	
Carpet/Rugs	\ \$
Beck	\$ 1
Bedding	1/89
Bureauc Drescore	6

\$ 240.00

Port, Shed, Basement,

Car

Other: Total Garage, (

Storage

Any other "Household" goods

Total other "Household" goods TOTAL ESTIMATED VALUE:

Koom/Description	Estimated Value*
Living Room	
Carpets/Rugs	69
Sofas, Chairs	\$ 160000
Tables	\$ 20,00
Lamps	69
Pictures/Mirrors/Art/Décor	\ e9
Other furniture (list):	*
TVs, Stereos, Electronics	\$ 60,00
Computer, Printer, Accessories	\$
Other:	69
Other:	69
Total Living Room	\$ 10.0C
Kitchen	
Appliances	\$ 5.00
Small Appliances	\$ 6.00
Table, Chairs	\$ 10.00
Cookware	69
Dishes, Utensils	\$10.00
Other:	- \(\cdot \)
Total Kitchen	\$30.00
Dining Room	
Carpet/Rugs	**
Table, Chairs	\$ 10.00
Buffet, Sideboard	89
China, Glassware	69
Silver or Flatware	
Pictures/Mirrors	69
Other:	S
Total Dining Room	\$10.00
Bedrooms	
Carpet/Rugs	8
Beck	\$
Bedding	
Bureaus, Dressers	*

Garage, Car Port, Shed, Basement, Storage

Total Family Room/Den

Other (list) Other (list)

TVs, Stereos Computer/Printers Games/Instruments

Pictures/Mirrors

Family Room/Den

Sofas, Chairs Tables, Chairs

Other: Total Bedrooms

Hobby/Sport Equipment Bikes/Toys

Washer/Dryer

Garden Items

Freezer

Other: Other: Other:

Decorations

Lawn Furniture

Lawn Mower

0	epror 1	Dominique	e 1. Snenee Case number (if kno	own)
				1
3.	Exampl —	ibles of value les: Antiques ar other collec	nd figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, o ctions, memorabilia, collectibles	coin, or baseball card collections;
	■ No □ Yes.	Describe		
Э.	Exampl	nent for sports les: Sports, pho musical ins	otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; cand	pes and kayaks; carpentry tools;
	■ No □ Yes.	Describe		
10.	_		les, shotguns, ammunition, and related equipment	
	■ No □ Yes.	Describe		
11.	□ No		clothes, furs, leather coats, designer wear, shoes, accessories	
			Used Clothing	\$100.00
2.	□ No		jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gem	ns, gold, silver
			Diamond Ring	\$300.00
	Examp ■ No	orm animals oles: Dogs, cats Describe	s, birds, horses	
4.		her personal a	and household items you did not already list, including any health aids you did not lis	t
	■ No □ Yes.	Give specific i	nformation	
15			e of all of your entries from Part 3, including any entries for pages you have attached at number here	\$610.00
Pa	rt 4: De	scribe Your Fina	ancial Assets	1
			legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No		u have in your wallet, in your home, in a safe deposit box, and on hand when you file your p	etition
7.			savings, or other financial accounts; certificates of deposit; shares in credit unions, brokera s. If you have multiple accounts with the same institution, list each.	ge houses, and other similar
	□ No ■ Yes		Institution name:	

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Official Form 106A/B

Schedule A/B: Property

page 2

D	ebtor 1	Dominique T. Shehee		ee	Case number (if known)				
			17.1.	Checking #3346	MCU	\$80.00			
			17.2.	Checking #2059	Fulton	\$1.90			
			17.3.	Savings #3346	MCU	\$5.00			
18	Bonds, Examp	mutual funds, les: Bond funds.	or public , investm	cly traded stocks ent accounts with broker	rage firms, money market accounts				
	☐ Yes			Institution or issuer nan	ne:				
19	Non-pu joint ve	blicly traded st enture	tock and	interests in incorporat	ted and unincorporated businesses, including an interest i	n an LLC, partnership, and			
	☐ Yes.	Give specific inf		about them me of entity:	% of ownership:				
20	Negotia Non-ne	able instruments	include	personal checks, cashiei	ole and non-negotiable instruments rs' checks, promissory notes, and money orders. er to someone by signing or delivering them.				
	■ No	Give specific info	ormation	about them					
	— 103. (Sive apcome mic		uer name:					
21.		ent or pension les: Interests in			b), thrift savings accounts, or other pension or profit-sharing pla	ans			
		ist each accour.		tely. of account:	Institution name:				
22.	Your sh	y deposits and hare of all unuse les: Agreements	d deposi	s you have made so tha	it you may continue service or use from a company lic utilities (electric, gas, water), telecommunications companie	s, or others			
	■ No								
	☐ Yes	•••••••			Institution name or individual:				
23.	Annuiti	es (A contract fo	or a perio	dic payment of money to	you, either for life or for a number of years)				
	☐ Yes	ls	suer nam	e and description.					
24.		s in an educatio C. §§ 530(b)(1),			fied ABLE program, or under a qualified state tuition progr	am.			
	☐ Yes	In	stitution r	name and description. So	eparately file the records of any interests.11 U.S.C. § 521(c):				
<u>2</u> 5.	Trusts,	equitable or fu	ture inte	rests in property (other	r than anything listed in line 1), and rights or powers exerc	isable for your benefit			
		Give specific inf	ormation	about them					
					ther intellectual property rom royalties and licensing agreements				
		Give specific inf	ormation	about them					
			î	Conveighted Book	2019) "Srhydor"	\$0.00			
				Copyrighted Book (4019/- SHIYUEI	φυ.υυ			

Official Form 106A/B

Schedule A/B: Property

page 3

De	ebtor 1	Dominique T. Shehee	Case number (if known)	
27.	Licens Examµ □ No	ses, franchises, and other general intangibles ples: Building permits, exclusive licenses, cooperative association	holdings, liquor licenses, professional licens	ses
		Give specific information about them		
		Nursing Assistant Certificate		\$0.00
-				
Mo	oney or	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	funds owed to you		
		Give specific information about them, including whether you alread	dy filed the returns and the tax years	
	Examp No	support ples: Past due or lump sum alimony, spousal support, child support Give specific information	rt, maintenance, divorce settlement, property	settlement
30.		amounts someone owes you oles: Unpaid wages, disability insurance payments, disability bene benefits; unpaid loans you made to someone else	fits, sick pay, vacation pay, workers' compe	nsation, Social Security
	_	Give specific information		
	Interes Examp □ No	sts in insurance policies oles: Health, disability, or life insurance; health savings account (H	ISA); credit, homeowner's, or renter's insura	nce
		Name the insurance company of each policy and list its value.		
		Company name:	Beneficiary:	Surrender or refund value:
		Term Life Insurance Policy with MC (no cash value)	c	\$0.00
	If you a	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life ins one has died.	I urance policy, or are currently entitled to rec	eive property because
		Give specific information		
	Examp	against third parties, whether or not you have filed a lawsuit oles: Accidents, employment disputes, insurance claims, or rights	or made a demand for payment to sue	
	■ No □ Yes.	Describe each claim		
	Other o	contingent and unliquidated claims of every nature, including	counterclaims of the debtor and rights to	set off claims
	□ Yes.	Describe each claim		
	Any fin	nancial assets you did not already list		
		Give specific information		
36		the dollar value of all of your entries from Part 4, including an		\$86.90

Official Form 106A/B

Schedule A/B: Property

page 4

Deb	otor 1 Dominique T. Shehee			Case number (if known)	
Part	t 5: Describe Any Business-Related Property	You Own or Have an Intere	st In. List any real esta	ate in Part 1.	
	Do you own or have any legal or equitable inte No. Go to Part 6. Yes. Go to line 38.	rest in any business-related	I property?		
Part	t 6: Describe Any Farm- and Commercial Fis If you own or have an interest in farmland, li	hing-Related Property You C st it in Part 1.	Own or Have an Interes	st In.	
	Do you own or have any legal or equitable No. Go to Part 7. Yes. Go to line 47.	le interest in any farm- o	or commercial fishin	ng-related property?	
Part 53. [Describe All Property You Own or H		Did Not List Above		
	Examples: Season tickets, country club me ■ No □ Yes. Give specific information	embership			
54.	Add the dollar value of all of your entri	es from Part 7. Write that	number here		\$0.00
Part	List the Totals of Each Part of this Fo	rm			
55.	Part 1: Total real estate, line 2				\$0.00
56.	Part 2: Total vehicles, line 5		\$0.00		
57.	Part 3: Total personal and household it	ems, line 15	\$610.00		
58.	Part 4: Total financial assets, line 36		\$86.90		
59.	Part 5: Total business-related property	, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related p	property, line 52	\$0.00		
61.	Part 7: Total other property not listed, I	ine 54 +	\$0.00		
62.	Total personal property. Add lines 56 th	rough 61	\$696.90	Copy personal property total	\$696.90
63.	Total of all property on Schedule A/B.	Add line 55 + line 62			\$696.90

Official Form 106A/B

Schedule A/B: Property

	mation to identify your			
Debtor 1	Dominique T. She	ehee		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA	
Case number (if known)				☐ Check if this is an
Official Ec	1000			amended filing

Official Form 1060

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

P	art 1: Identify the Property You Claim as	Exempt			
1.	Which set of exemptions are you claiming	g? Check one only, eve	n if yo	our spouse is filing with you.	
	☐ You are claiming state and federal nonba	inkruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/A	B that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.		
	Average Household Goods and Furnishings (see attached list)	\$210.00		\$210.00	11 U.S.C. § 522(d)(3)
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	Used Clothing Line from Schedule A/B: 11.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(3)
	Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
	Diamond Ring Line from Schedule A/B: 12.1	\$300.00		\$300.00	11 U.S.C. § 522(d)(4)
	Line from Schedule A/B. 12.1			100% of fair market value, up to any applicable statutory limit	
	Checking #3346: MCU Line from Schedule A/B: 17.1	\$80.00		\$80.00	11 U.S.C. § 522(d)(5)
	Line from Schedule Arb. 17.1			100% of fair market value, up to any applicable statutory limit	
	Checking #2059: Fulton	\$1.90		\$1.90	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 17.2			100% of fair market value, up to	

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

Debtor 1	Dominique T. Shehee		Case number (if known)	Case number (if known)			
	ef description of the property and line on nedule A/B that lists this property	Current value of the portion you own	vn		Specific laws that allow exemption		
	rings #3346: MCU	Copy the value from Schedule A/B					
		\$5.00	■ \$5.00		11 U.S.C. § 522(d)(5)		
LIN	e nom ochedule 745. 11.9			100% of fair market value, up to any applicable statutory limit			
	rm Life Insurance Policy with MCC ocash value)	\$0.00		100%	11 U.S.C. § 522(d)(7)		
	e from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit			
	e you claiming a homestead exemption bject to adjustment on 4/01/19 and every to the property covered	3 years after that for ca	ses fi	·	,		

Official Form 106C

☐ Yes

Schedule C: The Property You Claim as Exempt

Fill in this informa	tion to identify your	case:		4 1	
Debtor 1	Dominique T. She	hee			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bank	ruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA		
Case number					
(if known)					Check if this is an
					amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 1

Fill in t	this informa	ition to identify your o	case:			- 10	
Debtor	1	Dominique T. She	hee				
		First Name	Middle N	ame	Last Name		
Debtor (Spouse it		First Name	Middle N	ame	Last Name		
	-						
United	States Bank	ruptcy Court for the:	MIDDLE DIS	STRICT OF PEN	NNSYLVANIA		
Case n	umber						
(if known)							Check if this is an
						а	mended filing
Officia	al Form	106F/F					
		: Creditors W	ho Have	Uneacura	d Claime		12/15
					RITY claims and Part 2 for creditors	with MONDDIODITY atai	
Schedule left. Attac name and	e D: Creditors ch the Contin d case numb	s Who Have Claims Secu	red by Proper e. If you have r	ty. If more space no information to). Do not include any creditors with p is needed, copy the Part you need, f report in a Part, do not file that Part.	ill it out, number the en	tries in the boxes on the
_	NO.	have priority unsecured					
	No. Go to Part		•	•			
		of Your NONPRIORITY	Y Unsecured	Claims			
3. Do a	any creditors	have nonpriority unsecu	ured claims ag	ainst you?			
	No. You have	nothing to report in this pa	- art. Submit this f	form to the court w	ith your other schedules.		
					, ,		
unse	ecured claim, l i one creditor l	list the creditor separately	for each claim.	For each claim list	f the creditor who holds each claim. ted, identify what type of claim it is. Do ou have more than three nonpriority uns	not list claims already inc	luded in Part 1. If more
							Total claim
4.1		Retail Services		Last 4 digits of a	ccount number		Unknown
	Nonpriority C PO Box 1	reditor's Name		When was the de	oht inguerod?		=======================================
		, MD 21297-1298		wilen was the ut	ebt incurred r		
		et City State ZIp Code		As of the date yo	ou file, the claim is: Check all that app	ly	
	Who incurre	d the debt? Check one.					
	Debtor 1	only		☐ Contingent			
	Debtor 2 d	only		☐ Unliquidated			
	Debtor 1 a	and Debtor 2 only		☐ Disputed			
	☐ At least or	ne of the debtors and anot	ther		ORITY unsecured claim:		
		this claim is for a comm		Student loans			
	debt	subject to offset?		Obligations are report as priority of	ising out of a separation agreement or	divorce that you did not	
	No No	suspect to onsett			aaims ion or profit-sharing plans, and other sii	milar debts	
	☐ Yes					miai ucuts	
	∟ res			Other. Specify	Charge account		

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 8

Debtor 1 Dominique T. Shehee				
4.2	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	2115	\$591.00
	Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the claim is	Opened 03/16 Last Active 3/05/18 s: Check all that apply	21
	Debtor 1 only Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a sepa	I claim: ration agreement or divorce that you did not	
	Is the claim subject to offset? No Yes	report as priority claims Debts to pension or profit-sharin Other. Specify Credit Card		
4.3	Comcast Nonpriority Creditor's Name	Last 4 digits of account number	* 8	Unknown
	4601 Smith Street Harrisburg, PA 17109-1587 Number Street City State Zlp Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Utilities	g plans, and other similar debts	
4.4	Credence Resource Management Nonpriority Creditor's Name	Last 4 digits of account number	9793	\$310.00
	Po Box 2300 Southgate, MI 48195 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim i	Opened 05/18 s: Check all that apply	
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans	ration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin Other. Specify Collection A		

Debtor 1 Dominique T. Shehee		Case number (if known)				
4.5	Credit One Bank Nonpriority Creditor's Name	Last 4 digits of account number	0367	\$324.00		
	Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193	When was the debt incurred?	Opened 10/18 Last Active 2/08/19			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:			
	☐ Check if this claim is for a community debt	Student loans				
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Credit Card				
4.6	Deville Mgmt Nonpriority Creditor's Name	Last 4 digits of account number	81N1	\$9,957.00		
	Attn: Bankruptcy Po Box 1987 Colleyville, TX 76034	When was the debt incurred?	Opened 3/29/17 Last Active 07/15			
8	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims				
	No	Debts to pension or profit-sharing				
	Yes	Other. Specify Santander				
4.7	Direct TV	Last 4 digits of account number		Unknown		
	Nonpriority Creditor's Name 210 Pine Street Harrisburg, PA 17101	When was the debt incurred?	**************************************			
3	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other Specify Television				

Debtor	Dominique T. Shehee	Case number (if known)				
4.8	ERC/Enhanced Recovery Corp Nonpriority Creditor's Name	Last 4 digits of account number	3709	\$442.00		
	Attn: Bankruptcy 8014 Bayberry Road Jacksonville, FL 32256	When was the debt incurred?	Opened 07/17			
3.	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	☐ Yes	Other. Specify Communic	Attorney Charter ations			
	Exeter Finance Corp Nonpriority Creditor's Name	Last 4 digits of account number	1001	\$10,580.00		
	Po Box 166008 Irving, TX 75016	When was the debt incurred?	Opened 04/17 Last Active 1/18/19			
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims				
	■ No	Debts to pension or profit-sharing				
	Yes	Charger				
4.1	Fingerhut Nonpriority Creditor's Name	Last 4 digits of account number		Unknown		
	PO Box 166 Newark, NJ 07101-0166	When was the debt incurred?				
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	plans, and other similar debts			
	☐ Yes	Other. Specify Charge acc	ount			

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 8

Debto	Dominique T. Shehee	Case number (if known)				
4.1	First Premier Bank Nonpriority Creditor's Name	Last 4 digits of account number	1223	\$483.00		
	Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117	When was the debt incurred?	Opened 09/15 Last Active 11/16			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Credit Card	l			
4.1	Geico	Last 4 digits of account number		\$300.00		
	Nonpriority Creditor's Name ATTN: Region 1 Return Policy Work PO BOX 9500	When was the debt incurred?				
	Fredericksburg, VA 22403-9500 Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Auto Insura				
4.1	LVNV Funding/Resurgent Capital	Last 4 digits of account number	5656	\$1,096.00		
	Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?	Opened 08/14			
	Po Box 10497 Greenville, SC 29603 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	l claim:			
	At least one of the debtors and another	Student loans	i Clanii.			
	Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin				
	_ 140		Company Account Credit One			
	Yes	Other. Specify Bank N.A.	ompany Account Credit One			

Schedule E/F: Creditors Who Have Unsecured Claims

Page 5 of 8

Debto	Dominique T. Shehee	Case number (if known)				
4.1	LVNV Funding/Resurgent Capital Nonpriority Creditor's Name	Last 4 digits of account number	7396	\$462.00		
	Attn: Bankruptcy Po Box 10497 Greenville, SC 29603	When was the debt incurred?	Opened 06/18 Last Active 10/17			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	■ Other. Specify N.A.	Company Account Capital One			
4.1 5	Municipal Credit Union Nonpriority Creditor's Name	Last 4 digits of account number	0206	\$234.00		
	Po Box 3205 Church Street Station New York City, NY 10007	When was the debt incurred?	Opened 08/13 Last Active 02/19			
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims				
	■ No	Debts to pension or profit-sharing				
	Yes	Other. Specify Check Cred				
4.1 6	Office of UC Benefits	Last 4 digits of account number		\$8,197.89		
	Nonpriority Creditor's Name Claimant Services P.O. Box 67503	When was the debt incurred?	01/01/2019			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not			
	No	report as priority claims Debts to pension or profit-sharing	n nlans, and other similar debte			
	□ Yes	·				
	□ 168	Other. Specify Overpayme	TIL .			

Schedule E/F: Creditors Who Have Unsecured Claims

Page 6 of 8

Debtor 1 Dominique T. Shehee				
4.1	PPL Electric Utilities Nonpriority Creditor's Name	Last 4 digits of account number	2163	\$592.10
	827 Hausman Road Allentown, PA 18104-9392	When was the debt incurred?	02/05/2019	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check If this claim is for a community debt Is the claim subject to offset? ■ No	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing	ration agreement or divorce that you did not	
	Yes	Other. Specify Utilities		
4.1	Progressive Leasing	Last 4 digits of account number	7521	\$1,036.04
	Nonpriority Creditor's Name 256 West Data Drive Draper, UT 84020	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin	ration agreement or divorce that you did not	
	Yes	Other. Specify Lease		
4.1	UGI Utilities, Inc. Nonpriority Creditor's Name PO Box 13009 Reading, PA 19612-3009 Number Street City State Zlp Code Who incurred the debt? Check one.	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim i	2826 01/12/2019 s: Check all that apply	\$221.13
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims	I claim: ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Utilities		

Schedule E/F: Creditors Who Have Unsecured Claims

Page 7 of 8

4	.2	
Λ		

Whisperwood Limited Partnership	Last 4 digits of account number	\$2,655.9
Nonpriority Creditor's Name		
3602 Brookridge Terrace	When was the debt incurred? 2017	
Harrisburg, PA 17109	A - FAI - data - FIL Hard - L. College - L. Hard	
Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Rent	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
rom Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
	6f.	Student loans	6f.	\$ Total Claim
Total claims om Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0,00
	6i .	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 37,482.06
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 37,482.06

Debtor	his information to id						
Deptor	First Name	que T. She	Phee Middle Name	Last Massa			
Debtor 2			Middle Name	Last Name			
(Spouse if			Middle Name	Last Name			
, - ,	,		mado Hamo	Last Hams			
United 9	States Bankruptcy Co	urt for the:	MIDDLE DISTRICT OF PEN	NSYLVANIA			
Case nu (if known)	ımber					Charle Make	
,						☐ Check if this	
						amended fili	ng
Be as co	omplete and accurat	e as possib s needed, c	Contracts and le. If two married people are opy the additional page, fill icase number (if known).	filing together, both a	are equally respons	sible for supplying corr this page. On the top	12/15 rect of any
			cts or unexpired leases? m with the court with your other	er schedules. You have	e nothina else to rep	ort on this form	
			elow even if the contacts of lea				
2. List exa	t separately each pe	rson or con	npany with whom you have to none). See the instructions for	the contract or lease.	Then state what ea	ch contract or lease is	for (for contracts
Pe	rson or company w Name, Num	th whom yo ber, Street, City,	ou have the contract or lease State and ZIP Code	State what the	contract or lease is	s for	
2.1	Eagle Crest			Residentia	l Lease		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

Fill in t	his information to identify you	r case:		
Debtor	1 Dominique T. SI			
	First Name	Middle Name	Last Name	
Debtor (Spouse if		Middle Name	Last Name	
United :	States Bankruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA	
Case ni (if known)				☐ Check if this is an amended filing
	ial Form 106H edule H: Your Cod	debtors		12/15
eople a ill it out our nar	are filing together, both are eq r, and number the entries in th me and case number (if knowr	ually responsible for sup e boxes on the left. Attac n). Answer every question	oplying correct information th the Additional Page to the n.	complete and accurate as possible. If two married n. If more space is needed, copy the Additional Page, this page. On the top of any Additional Pages, write
	o you have any codebtors? (l	f you are filing a joint case,	do not list either spouse as	s a codebtor.
_ \ ■ \				
Ariz	ona, California, Idaho, Louisiana	u lived in a community p a, Nevada, New Mexico, Pเ	roperty state or territory? uerto Rico, Texas, Washingt	? (Community property states and territories include gton, and Wisconsin.)
G=10	No. Go to line 3. Yes. Did your spouse, former spo	ouse, or legal equivalent liv	e with you at the time?	
in li For	ine 2 again as a codebtor only	if that person is a guarar	ntor or cosigner. Make sur	your spouse is filing with you. List the person shown ire you have listed the creditor on Schedule D (Official G). Use Schedule D, Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and	ZIP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1	Anthony Whitehead 1008 Vintage Court Apartment F Harrisburg, PA 17109			☐ Schedule D, line Schedule E/F, line Schedule G Exeter Finance Corp
3.2	Anthony Whitehead 1008 Vintage Court Apartment F Harrisburg, PA 17109			☐ Schedule D, line Schedule E/F, line4.20 ☐ Schedule G Whisperwood Limited Partnership

Fill	in this information to ident	ify your case			and the same	[I				
		ninique T. Shehee								
	btor 2 buse, if filing)									
Uni	ited States Bankruptcy Co	urt for the: MIDDLE DISTRICT	OF PENNSYLVANIA		2.5					
	se number nown)		=	5			Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter			
0	fficial Form 106	81				13 income a	as of the following date:			
S	chedule I: You	r Income						12/15		
sup spo atta	plying correct informations. If you are separated	e as possible. If two married pe on. If you are married and not fi and your spouse is not filing v is form. On the top of any addi	ling jointly, and your : with you, do not inclu	spouse de infor	is liv matic	ing with you, inclu on about your spo	ide information about youse. If more space is ne	our eded.		
1.	Fill in your employmen		Dobtovil			Debter 2				
	information.	!		Debtor 1			Debtor 2 or non-filing spouse			
	If you have more than or attach a separate page v information about addition	with Employment status	■ Employed □ Not employed				☐ Employed ☐ Not employed			
	employers.	Occupation	Nurse Assistant Colonial Park Care Center							
	Include part-time, seasor self-employed work.	nal, or Employer's name								
	Occupation may include or homemaker, if it applied		800 King Russ I Harrisburg, PA							
		How long employed	there? 2 Years					_		
Pai	t 2: Give Details Al	bout Monthly Income								
spou	use unless you are separa				•			-		
	e space, attach a separate	e have more than one employer, or sheet to this form.	combine the informatio	n for all e	empio	yers for that persor	n on the lines below. If you	u neea		
						For Debtor 1	For Debtor 2 or non-filing spouse			
2.		ges, salary, and commissions (monthly, calculate what the mont		2.	\$	1,927.50	\$N/A			
3.	Estimate and list month	hly overtime pay.		3.	+\$	0.00	+\$ N/A			
4.	Calculate gross Income	e. Add line 2 + line 3.		4.	\$	1,927.50	\$N/A			

					For	Debtor 1		Debtor 2 or Filing spouse
	Copy	y line 4 here		4.	\$	1,927.50	\$	N/A
5.	List	List all payroll deductions:						
	5a.	Tax, Medicare, and Social Secur	ity deductions	5a.	\$	392.77	\$	N/A
	5b.	Mandatory contributions for reti	•	5b.	\$	0.00	\$	N/A
	5c.	Voluntary contributions for retir		5¢.	\$	0.00	š	N/A
	5d.	Required repayments of retirem		5d.	<u>*</u> —	0.00	š-	N/A
	5e.	Insurance		5e.	\$-	0.00	<u>\$</u> —	N/A
	5f.	Domestic support obligations		5f.	<u>\$</u> —	0.00	<u>*</u> —	N/A
	5g.	Union dues		5g.	<u>\$</u>	0.00	*—	N/A
	5h.	Other deductions. Specify:		5h.+	<u>\$</u> —		+ š—	N/A
6.		the payroll deductions. Add lines	5a+5b+5c+5d+5e+5f+5g+5h	6.	*— \$	392.77	· *—	N/A
7.		ulate total monthly take-home pay	· ·	7.	* — \$	1,534.73	\$	N/A
				,,	_	1,004.15	—	19774
8.	8a.	all other income regularly receive Net income from rental property profession, or farm Attach a statement for each propereceipts, ordinary and necessary bemonthly net income.	and from operating a business, rty and business showing gross	90	\$	0.00	¢*	
	8b.	Interest and dividends		8a.	\$ \$	0.00	\$	N/A
	8c.		nu a man filing anawar and damandan	8b.	5	0.00	\$	N/A
	OC.	regularly receive	ou, a non-filing spouse, or a depender child support, maintenance, divorce it.	1t 8c.	\$	0.00	\$	N/A
	8d.	Unemployment compensation		8d.	\$	0.00	\$	N/A
	8e.	Social Security		8e.	\$	0.00	\$	N/A
	8f.	Other government assistance the Include cash assistance and the vithat you receive, such as food star Nutrition Assistance Program) or his Specify:	alue (if known) of any non-cash assistand nps (benefits under the Supplemental	ce 8f.	\$	0.00	\$	N/A
	8g.	Pension or retirement income		8g.	\$	0.00	\$	N/A
			1/12 Estimated Federal Tax				-	
	8h.	Other monthly income. Specify:	Refund (2018)	8h.+	\$_	472.33	+ \$	N/A
9.	Add	all other income. Add lines 8a+8b	+8c+8d+8e+8f+8g+8h.	9.	\$	472.33	\$	N/A
10.	Calci	ulate monthly income. Add line 7	t line 9	10. \$		2,007.06 + \$		N/A = \$ 2,007.06
		the entries in line 10 for Debtor 1 and		, v. v =		-,007.00		2,007.00
11.			the expenses that you list in Schedul	- I				
11.	Includ other	de contributions from an unmarried friends or relatives. ot include any amounts already inclu	partner, members of your household, you	ır depend		•	•	hedule J. 11. +\$0.00
12.	Add (Write applie	that amount on the Summary of Sc	ine 10 to the amount in line 11. The re hedules and Statistical Summary of Certa	esult is the ain Liabili	e com ities a	bined monthly ir nd Related <i>Data</i>	come.	12. \$ 2,007.06
12	Do ···	nu avnast an ingresse or decrees	e within the year after you file this forn	~ ?				Combined monthly income
13.	■ □	No.	e within the year after you file trils forf					

Official Form 1061

D1C 002880 601419

0000060084

Earnings Statement

Period Ending: Pay Date:

02/02/2019 02/08/2019

COLONIAL PARK CARE CENTER 800 KING RUSS ROAD HARRISBURG, PA 17109

Taxable Marital Status: Single Exemptions/Allowances: Federal:

PA: N/A

DOMINIQUE SHEHEE 1008 VINTAGE CT APT F HARRISBURG PA 17109

Earnings Regular Shift Diff Holiday Worked Pto		908.25 52.50	year to date 2,430.65 140.50 194.63 259.50 3,025.28	Other Benefits a Information Pto Balance	nd this period total to date
Deductions	Statutory	*) ###	الرزاء بروارض فينسبت فقيدت بمنداعة	David	*****
	Federal Income Tax	-70.90	229.86		,
	Social Security Tax	-59.57	187.57		
	Medicare Tax	-13.93	43.87		
	PA State Income Tax	-29.50	92.88		
	Lower Paxton Income Tax	-19.22	60.51		
	Lower Paxton Local Svc Tax	-2.00	6.00		
	PA SUI/SDI Tax	-0.58	1.82		
	The state of the s	765.65 -765.05			
	Net Check	\$0.00			
		•		:	8

Your federal taxable wages this period are \$960.75



@ 2000 ADP, LLC

GOLONIAL PARK CARE CENTER 800 KING RUSS ROAD HARRÍSBURG, PA

Deposited to the account of DOMINIQUE SHEHEE

Adviće number:

00000060084 02/08/2019

account number transit ABA XXXX XXXX

amount \$765.05

NON-NEGOTIABL

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D1C 002830 601419 0000080084

Earnings Statement

ADP.

COLONIAL PARK CARE CENTER 800 KING RUSS ROAD HARRISBURG, PA 17109

Period Ending: Pay Date:

02/16/2019 02/22/2019

Taxable Marital Status: Single

Exemptions/Allowances:

Federal:

N/A

DOMINIQUE SHEHEE 1008 VINTAGE CT APT F HARRISBURG PA 17109

Earnings	ratehours t	nis period	year to date
Regular	17.3000 22.50	389.25	2,819,90
Funeral	17.3000 15.00	259.50	259,50
Pto	17.3000 7.50	129.75	389.25
Shift Diff		22.50	163.00
Holiday Worked			194.63
	Gross Pay	\$801.00	3,826.28
Deductions	Statutory		
	Federal Income Tax	-51.73	281.59
	Social Security Tax	-49.66	237.23
	Medicare Tax	-11.61	55.48
	PA State Income Tax	-24.59	117.47
	Lower Paxton Income Tax	-16.02	76.53
	Lower Paxton Local Svc Tax	-2.00	8.00
	PA SUI/SDI Tax	-0.48	2.30
	Net Pay	5644 91	
	Dirdep-Checking	-644.91	
	Net Check	\$0.00	

Your federal taxable wages this period are \$801.00

Other Benefits and	parama.		a a many and pro-
Information	this	period	total to date
Pto Balance	Name i		24.76

CLOCK VCHR NO. DEPT 0000100082

COLONIAL PARK CARE CENTER 800 KING RUSS ROAD HARRISBURG, PA 17109

Taxable Marital Status: Single Exemptions/Allowances: Federal:

PA: N/A

Net Check

Earnings Statement

Period Ending: Pay Date:

03/02/2019 03/08/2019

DOMINIQUE SHEHEE 1008 VINTAGE CT APT F HARRISBURG PA 17109

Other Benefits	and 🥖
Information	
Pto Balance	3

this period

total to date

27.00

Earnings		is period	year to date
Regular	17.3000 37.25	644.43	3,464.33
Funeral	17.3000 7.50	129.75	389.25
Shift Diff	Thomas I want have been been	37.25	200.25
Holiday Worked			194.63
Pto			389.25
	Gress Pay	\$811.43	4,637.71
Deductions	Statutory		
	Federal Income Tax	-52.98	334.57
	Social Security Tax	-50.31	287.54
	Medicare Tax	-11.77	67.25
	PA State Income Tax	-24.91	142.38
	Lower Paxton Income Tax	-16.23	92.76
	Lower Paxton Local Svc Tax	-2.00	10.00
	PA SUI/SDI Tax	-0.48	2.78
	Net Pay	652,75	
	Dirdep - Checking	-652.75	

Your federal taxable wages this period are \$811.43

\$0.00

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COLONIAL PARK CARE CENTER 800 KING FUSS ROAD HARRISBURG, PA

Deposited to the account of

DOMINIQUE SHEHEE

Advice number: Pay date:

00000100082 03/08/2019

account number transit ABA XXXXXXXXXXXX4614

\$652.75

NON-NEGOTIABL

CLOCK VCHR NO. 060 0000120083

Earnings Statement

COLONIAL PARK CARE CENTER 800 KING RUSS ROAD HARRISBURG, PA 17109

Period Ending: Pay Date:

03/16/2019 03/22/2019

Taxable Marital Status: Single

DOMINIQUE SHEHEE 1008 VINTAGE CT

APT F

HARRISBURG PA 17109

Exemptions/Allowances: Federal: PA: N/A

Earnings	rate hours t	nis period	year to date
Regular	17.3000 55,00	951.50	4,415.83
Overtime	26.4500 5.00	<i>[</i> 132.25	132.25
Shift Diff	The same of the sa	60.00	260.25
Funeral			389.25
Holiday Worked	200		194.63
Pto			389.25
•	Gross Pay \$1	,143.75	5,781.46
Deductions	Statutory		
	Federal Income Tax	-92.86	427 . 43
	Social Security Tax	-70.91	358.45
	Medicare Tax	-16.58	83.83
	PA State Income Tax	-35.11	177.49
	Lower Paxton Income Tax	-22.88	115.64
	Lower Paxton Local Svc Tax	-2.00	12.00
	PA SUI/SDI Tax	-0.69	3.47
	Net Pay	\$902,72	
	Dirdep-Checking	-902.72	
	Net Check	\$0.00	

Other Benefits and Information this period total to date Pto Balance 30.00

Your federal taxable wages this period are \$1,143.75

FROM DARK AT TOP TO LIGHTER AT BOTTOM

00000120083

COLONIAL PARK CARE CENTER 800 KING RUSS ROAD HARRISBURG, PA 17109

Deposited to the account of DOMINIQUE SHEHEE

account number XXXXXXXXXXX4614

Advice number:

Pav date:

transit ABA

amount \$902.72 @1998, 2006. ADP, LLC All Rights Reserved.

NON-NEGOTI

■ тыз они Case 1:19 bk 01.198 HWV Doc 1 = Filed 03/26/19 Entered 03/26/19 15:33:25 Desc Main Document Page 35 of 51

Fill	l in this informa	tion to identify ye	our case:			I						
Del	btor 1	Dominique 1	Γ. Sheheε)		CI	heck	if this is:				
Del	Debtor 2							☐ An amended filing				
	ouse, if filing)								ving postpetition chapter the following date:			
Uni	ited States Bankr	uptcy Court for the	: MIDDLE	MM / DD / YYYY								
	se number											
0	fficial Fo	rm 106J				,						
		J: Your	Eyner	202					12/15			
Be infe nu	as complete a ormation. If m mber (if know	and accurate as	possible. eded, atta ry question	If two married people ar ch another sheet to this	e filing together, be form. On the top of	oth are e	qual lition	ly responsible fo al pages, write y	r supplying correct			
1.	Is this a join		;noiu									
	■ No. Go to		in a senar:	ate household?								
	□ No		iii a sepaie	ate nousenolur								
	□ Ye	es. Debtor 2 mus	st file Officia	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of D	ebto	r 2.				
2.	Do you have	dependents?	■ No									
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor			Dependent's age	Does dependent live with you?			
	Do not state						-		□ No			
	dependents i	names.							☐ Yes			
									□ No □ Yes			
					***************************************		_		□ No			
									☐ Yes			
					-				□ No			
2	Do your eve	anaaa inaliida	_		3				☐ Yes			
3.	expenses of	enses include people other ti your depende	han 🗀	No Yes								
Par	rt 2 Estima	ate Your Ongoi	na Monthi	v Evnances								
Est	timate your ex	penses as of yo	our bankru	uptcy filing date unless y y is filed. If this is a supp	ou are using this fo lemental <i>Schedule</i>	orm as a J, check	supp the	plement in a Cha box at the top of	pter 13 case to report f the form and fill in the			
the	value of such	assistance and	non-cash o d have inc	government assistance it luded it on Schedule I: Y	f you know 'our Income			Your expe	nnene			
(UI	ficial Form 10	01.)				100	H	i our expe	11000			
4.		r home owners d any rent for the		ses for your residence. It r lot.	nclude first mortgage		\$,		898.00			
	If not include	ed in line 4:										
		state taxes				4a.	\$		0.00			
		ty, homeowner's				4b.			21.00			
		maintenance, re owner's associat		pkeep expenses		4c.			0.00			
5.				ominium dues e ur residence , such as ho	me equity loans	4d. 5.	\$		0.00			
		J J - 1 - 7 - 11 - 1		,		٥.	7		VIVV			

Official Form 106J Schedule J: Your Expenses page 1

Deb	tor 1	Dominic	que T. Shehee	Case num	nber (if known)	
6.	Utilii	ties:				
٠.	6a.		r, heat, natural gas	6a.	\$	135.00
	6b.		wer, garbage collection	6b.		
	6c.		e, cell phone, Internet, satellite, and cable services			0.00
	6d.	Other. Sp		6c.		114.00
7				6d.		0.00
7.			ekeeping supplies	7.		350.00
8.			children's education costs	8.		300.00
9.			lry, and dry cleaning	9.	\$	70.00
10.	Pers	onal care p	products and services	10.	\$	25.00
11.	Medi	ical and de	ental expenses	11.	\$	8.00
12.	Tran	sportation	. Include gas, maintenance, bus or train fare.			
	Do n	ot include of	ear payments.	12.	\$	50.00
13.	Ente	rtainment,	clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
14.			tributions and religious donations	14.	\$	45.00
15.		rance.				40.00
			nsurance deducted from your pay or included in lines 4 or 20.			
		Life insura		15a.	\$	24.00
		Health ins	······································	15b.		0.00
		Vehicle in				
			urance. Specify:	15c.		0.00
10				15d.	\$	0.00
10.			nclude taxes deducted from your pay or included in lines 4 or 20.		•	
4-	Spec			16.	\$	0.00
17.			ease payments:			
			ents for Vehicle 1	17a.		0.00
			ents for Vehicle 2	17b.	\$	0.00
	17c.	Other, Sp	ecify:	17c.	\$	0.00
	17d.	Other. Sp	ecify:	17d.	\$	0.00
18.	Your	payments	of alimony, maintenance, and support that you did not report as			0.00
	dedu	icted from	your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Othe	r payment	s you make to support others who do not live with you.		\$	0.00
	Spec			19.		0.00
20.	Othe	r real prop	erty expenses not included in lines 4 or 5 of this form or on Scho		our Income	
	20a.	Mortgage	s on other property	20a.		0.00
		Real esta	· · ·	20b.		0.00
			homeowner's, or renter's insurance	20c.		
			nce, repair, and upkeep expenses			0.00
				20d.		0.00
			er's association or condominium dues	20e.		0.00
21:	Othe	r: Specify:	V	21.	+\$	0.00
22	Calc	ulato vocir	monthly expenses			
£2.		•	through 21.			
			-		\$	2,140.00
			2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c.	Add line 22	a and 22b. The result is your monthly expenses.		\$	2,140.00
۷٥.			monthly net income.		_	
			12 (your combined monthly income) from Schedule I.	23a.		2,007.06
	23b.	Copy you	r monthly expenses from line 22c above.	23b.	-\$	2,140.00
	23c.	Subtract y	our monthly expenses from your monthly income.			
			is your monthly net income.	23c.	\$	-132.94
24.	Do y	ou expect	an increase or decrease in your expenses within the year after yo	ou file this	form?	
	For ex	kample, do yo	ou expect to finish paying for your car loan within the year or do you expect you	r mortgage	payment to increas	e or decrease because of a
			terms of your mortgage?			
	■ No					
	☐ Ye	es.	Explain here:			

Fill in this inform	nation to identify your	case:			
Debtor 1	Dominique T. She				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	MIDDLE DISTRICT OF	F PENNSYLVANIA		
Case number					
(if known)				☐ Check if this amended filir	
				amended iiii	'9
Official Form	106000				
		n Individua	l Dobtorio Sobe	adulaa	
Deciarati	on About a	in individua	I Debtor's Sche	eaules	12/15
f two married peo	ople are filing together	, both are equally resp	onsible for supplying correct	information.	
obtaining money years, or both. 18	or property by fraud ir U.S.C. §§ 152, 1341, 1	n connection with a bar	es or amended schedules. Ma nkruptcy case can result in fin	king a false statement, concealing prop nes up to \$250,000, or imprisonment for	erty, or up to 20
Sign	Below				
Did you pay	or agree to pay some	one who is NOT an atto	orney to help you fill out bank	ruptcy forms?	
■ No					
☐ Yes. Na	ame of person			Attach Bankruptcy Petition Preparer Declaration, and Signature (Official I	
Under penalt that they are	ty of perjury, I declare true and correct.	that I have read the sur	mmary and schedules filed wi	th this declaration and	
X /s/ Dom	inique T. Shehee		X		
Dominio	que T. Shehee e of Debtor 1		Signature of Deb	tor 2	
Date M	larch 25, 2019		Date		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Fill in	this inform	nation to identify yo	ur case:			
Debto		Dominique T. S				
		First Name	Middle Name	Last Name		
Debto (Spouse	r 2 if, filing)	First Name	Middle Name	Last Name		
	-	nkruptcy Court for the				
Onned	Otates Dan	ikruptcy court for the	. WINDOLL DISTRICT OF	PENNOTEVANIA		
Case i	number					1 Check if this is an
						amended filing
Offic	cial For	m 107				
State	ement	of Financial	Affairs for Indiv	iduals Filing for E	3ankruptcy	4/16
Be as o	omplete ar	nd accurate as poss	sible. If two married people	e are filing together, both are	e equally responsible for s	supplying correct
informa	ation. If mo	ore space is needed). Answer every que	l, attach a separate sheet t	to this form. On the top of ar	ny additional pages, write	your name and case
Part 1				Constituted Profession		
			arital Status and Where Y	ou Lived Before		
1. W	hat is your	current marital stat	us?			
	Married					
	Not marr	ried				
2. Du	ring the la	st 3 years, have you	ı lived anywhere other tha	n where you live now?		
	No					
UIII		all of the places you	lived in the last 3 years. Do	not include where you live no	w.	
D		or Address:	Dates Debtor lived there	-		Dates Debtor 2
3	600 Brook	ridge Terrace	From-To:	☐ Same as Debtor	•1	Same as Debtor 1
Α	partment	1	April - July 2	2017		From-To:
З	arrisburg.	, PA 17109				
1	008-32 169	9 Place	From-To:	☐ Same as Debtor	· 1	☐ Same as Debtor 1
J	amaica, N	Y 11433	2014 - April			From-To:
3. Wi states a	nd territorie	st 8 years, did you e es include Arizona, Ca	ver live with a spouse or I alifornia, Idaho, Louisiana, N	legal equivalent in a commu Nevada, New Mexico, Puerto F	nity property state or territ Rico, Texas, Washington and	t ory? (Community property d Wisconsin.)
	No Ves Mak	ve sure you fill out So	hedule H: Your Codebtors ((Official Form 106H)		
	1 CS. IVIAN	te sure you mi out 30	nedale n. Your Codebiors (Official Politi 100F).		
Part 2	Explain	the Sources of You	ur Income			
Fil	I in the total	amount of income yo	ou received from all jobs and	ting a business during this y d all businesses, including par eive together, list it only once u	t-time activities.	alendar years?
	No					
	Yes. Fill i	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
Official F	orm 107		Statement of Financial /	Affairs for Individuals Filing for E	Bankruptcy	page 1

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		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		■ Wages, commissions, bonuses, tips	\$5,781.46	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
For last caler January 1 to	ndar year: December 31, 2018)	■ Wages, commissions, bonuses, tips	\$24,783.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
	ndar year before that: December 31, 2017)	Wages, commissions, bonuses, tips	\$30,741.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
□ No ■ Yes.	Fill in the details.	Debtor 1 Sources of income	Gross income from	Debtor 2 Sources of income	Gross income
		Describe below.	each source (before deductions and exclusions)	Describe below.	(before deductions and exclusions)
or the calen January 1 to	dar year before that: December 31, 2017)	Distributions from Pensions	\$868.00		
	t Certain Payments You	Made Before You Filed for I			
Are eithe	r Debtor 1's or Debtor 2' Neither Debtor 1 nor D	's debts primarily consumer Debtor 2 has primarily consu personal, family, or househol	r debts? ımer debts. Consumer debts	e are defined in 11 U.S.C. § 10	1(8) as "incurred by ar
Are eithe	r Debtor 1's or Debtor 2' Neither Debtor 1 nor D individual primarily for a	's debts primarily consumer Debtor 2 has primarily consu personal, family, or househol pre you filed for bankruptcy, did	r debts? ımer debts. Consumer debts ld purpose."	•	1(8) as "incurred by a
Are eithe	r Debtor 1's or Debtor 2' Neither Debtor 1 nor D individual primarily for a During the 90 days beform No. Go to line 7 Yes List below expaid that crunot include	's debts primarily consumer bettor 2 has primarily consumer personal, family, or household per you filed for bankruptcy, did to the creditor to whom you pair editor. Do not include paymen payments to an attorney for the	r debts? Imer debts. Consumer debts Id purpose." d you pay any creditor a total d a total of \$6,425* or more in its for domestic support obligations bankruptcy case.	of \$6,425* or more? n one or more payments and tations, such as child support a	he total amount you ind alimony. Also, do
Are eithe □ No.	r Debtor 1's or Debtor 2' Neither Debtor 1 nor D individual primarily for a During the 90 days beform No. Go to line 7 Yes List below expaid that creating the point include * Subject to adjustment	es debts primarily consumer bettor 2 has primarily consumer personal, family, or household personal, family, and personal payments to an attorney for the ton 4/01/19 and every 3 years	r debts? Imer debts. Consumer debts Id purpose." d you pay any creditor a total d a total of \$6,425* or more in the for domestic support obligations bankruptcy case. Is after that for cases filed on	of \$6,425* or more? n one or more payments and tations, such as child support a	he total amount you ind alimony. Also, do
Are eithe □ No.	r Debtor 1's or Debtor 2' Neither Debtor 1 nor D individual primarily for a During the 90 days beform No. Go to line 7 Yes List below expaid that or not include * Subject to adjustment	's debts primarily consumer bettor 2 has primarily consumer personal, family, or household per you filed for bankruptcy, did to the creditor to whom you pair editor. Do not include paymen payments to an attorney for the	r debts? Imer debts. Consumer debts Id purpose." d you pay any creditor a total d a total of \$6,425* or more in the for domestic support obligations bankruptcy case. Is after that for cases filed on the	of \$6,425* or more? n one or more payments and tations, such as child support a or after the date of adjustment	he total amount you ind alimony. Also, do
Are eithe □ No.	r Debtor 1's or Debtor 2' Neither Debtor 1 nor D individual primarily for a During the 90 days before No. Go to line 7 Yes List below a paid that crunot include * Subject to adjustment Debtor 1 or Debtor 2 or During the 90 days before No. Go to line 7	es debts primarily consumer pettor 2 has primarily consumer personal, family, or household per you filed for bankruptcy, did to the creditor to whom you paid editor. Do not include payment payments to an attorney for the ton 4/01/19 and every 3 years or both have primarily consume you filed for bankruptcy, did	r debts? Imer debts. Consumer debts Id purpose." d you pay any creditor a total d a total of \$6,425* or more in the for domestic support obligations bankruptcy case. Is after that for cases filed on the	of \$6,425* or more? n one or more payments and tations, such as child support a or after the date of adjustment	he total amount you ind alimony. Also, do
Are eithe □ No.	Poebtor 1's or Debtor 2' Neither Debtor 1 nor Dindividual primarily for a During the 90 days before No. Go to line 7 Yes List below expaid that connot include * Subject to adjustment Debtor 1 or Debtor 2 or During the 90 days before No. Go to line 7 Yes List below expected include pay	es debts primarily consumer pettor 2 has primarily consumer personal, family, or household per you filed for bankruptcy, did to the creditor to whom you paid editor. Do not include payment payments to an attorney for the ton 4/01/19 and every 3 years or both have primarily consume you filed for bankruptcy, did	r debts? Imer debts. Consumer debts Id purpose." d you pay any creditor a total d a total of \$6,425* or more in its for domestic support obligations bankruptcy case. s after that for cases filed on in imer debts. d you pay any creditor a total d a total of \$600 or more and	of \$6,425* or more? n one or more payments and tations, such as child support a or after the date of adjustment of \$600 or more?	he total amount you and alimony. Also, do t creditor. Do not

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Del	btor 1 Dominique T. Shehee	Case num	nber (if known)	
			-	
12.	Within 1 year before you filed for bankri court-appointed receiver, a custodian, or	uptcy, was any of your property in the possession of or another official?	an assignee for the ben	efit of creditors, a
	■ No □ Yes			
Pai	rt 5: List Certain Gifts and Contributio	ns		
13.	Within 2 years before you filed for bank	ruptcy, did you give any gifts with a total value of mo	re than \$600 per persor	1?
	No Silling to the first terms of the second			
	Yes. Fill in the details for each gift.	00 Doosyiha tha wifts	Datas vasu maus	M.I.
	Gifts with a total value of more than \$6 per person	00 Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:	,		
14.	Within 2 years before you filed for bank	ruptcy, did you give any gifts or contributions with a	total value of more than	\$600 to any charity?
	No ☐ Yes. Fill in the details for each gift or o	contribution		
	Gifts or contributions to charities that		Dates you	Value
	more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod	de)	contributed	
Par	t 6: List Certain Losses			
15	Within 1 year before you filed for hanks	uptcy or since you filed for bankruptcy, did you lose a	amuthing baseurs of the	ft fire other diseases
	or gambling?	apicy of since you med for bankrupicy, did you lose a	mything because of the	it, fire, other disaster,
	■ No			
	Yes. Fill in the details.			
	Describe the property you lost and	Describe any insurance coverage for the loss	Date of your	Value of property
	how the loss occurred	Include the amount that insurance has paid. List pendir insurance claims on line 33 of Schedule A/B: Property.	ng l oss	iost
Dav	17. List Cartain Daymanta on Tours for			
	t 7: List Certain Payments or Transfer			
16.	consulted about seeking bankruptcy or	uptcy, did you or anyone else acting on your behalf p preparing a bankruptcy petition? preparers, or credit counseling agencies for services requ		erty to anyone you
	□ No			
	Yes. Fill in the details.			
	Person Who Was Paid	Description and value of any property	Date payment	Amount of
	Address Email or website address	transferred	or transfer was made	payment
	Person Who Made the Payment, if Not		0010010040	44.000.00
	Purcell, Krug & Haller 1719 North Front Street Harrisburg, PA 17102	Attorney Fees	02/22/2019	\$1,200.00
	Purcell, Krug & Haller 1719 North Front Street Harrisburg, PA 17102	Filing Fee	03/25/2019	\$335.00
	Pioneer Credit Union	Credit Counseling	02/26/2019	\$20.00

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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	Dominique I. Snenee			umber (if known)				
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.							
	■ No							
	Yes. Fill in the details.							
	Person Who Was Paid Address	Description and transferred	value of any property	Date payment or transfer was made	Amount o paymen			
18.	Within 2 years before you filed for bankrup transferred in the ordinary course of your include both outright transfers and transfers include gifts and transfers that you have alreated. No	business or financial aft nade as security (such as	fairs? the granting of a security					
	Yes. Fill in the details.							
	Person Who Received Transfer Address	Description and property transfer	rred pay	cribe any property or ments received or debts d in exchange	Date transfer was made			
	Person's relationship to you							
19.	Within 10 years before you filed for bankru beneficiary? (These are often called asset-page No	ptcy, did you transfer a rotection devices.)	ny property to a self-set	led trust or similar device	of which you are a			
	Yes. Fill in the details.							
	Name of trust	Description and	value of the property tra	nsferred	Date Transfer was made			
Pa	rt 8: List of Certain Financial Accounts, In	nstruments. Safe Depos	it Boxes, and Storage U	nits				
20.	Within 1 year before you filed for bankrupt sold, moved, or transferred?		ccounts or instruments	held in your name, or for y				
	Include checking, savings, money market, houses, pension funds, cooperatives, asso	or other financial accou oclations, and other fina	ncial institutions.	or, shares in banks, credi	it unions, brokerage			
	Include checking, savings, money market, houses, pension funds, cooperatives, asso	or other financial accou oclations, and other fina Last 4 digits of account number	ncial institutions. Type of account or instrument	Date account was closed, sold, moved, or transferred	it unions, brokerage Last balance before closing of transfel			
21.	Include checking, savings, money market, houses, pension funds, cooperatives, assout No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP	clations, and other fina Last 4 digits of account number	ncial institutions. Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer			
21.	Include checking, savings, money market, houses, pension funds, cooperatives, assources, No No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Do you now have, or did you have within 1	clations, and other fina Last 4 digits of account number	ncial institutions. Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer			
21.	Include checking, savings, money market, houses, pension funds, cooperatives, assources, No No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Do you now have, or did you have within 1 cash, or other valuables?	clations, and other fina Last 4 digits of account number	ncial institutions. Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer			
21.	Include checking, savings, money market, houses, pension funds, cooperatives, assources, No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Do you now have, or did you have within 1 cash, or other valuables?	clations, and other fina Last 4 digits of account number	Type of account or instrument r bankruptcy, any safe co	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer			
21.	Include checking, savings, money market, houses, pension funds, cooperatives, assources, pension funds, cooperatives, assources, pension funds, cooperatives, assources, No. Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Do you now have, or did you have within 1 cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number year before you filed fo Who else had ac Address (Number, 3 State and ZIP Code)	Type of account or instrument r bankruptcy, any safe cocess to it? Describerations.	Date account was closed, sold, moved, or transferred deposit box or other depose the contents	Last balance before closing of transfel sitory for securities, Do you still have it?			
	Include checking, savings, money market, houses, pension funds, cooperatives, assource, no No No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Do you now have, or did you have within 1 cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number year before you filed fo Who else had ac Address (Number, 3 State and ZIP Code)	Type of account or instrument r bankruptcy, any safe cocess to it? Describerations.	Date account was closed, sold, moved, or transferred deposit box or other depose the contents	Last balance before closing of transfel sitory for securities, Do you still have it?			
	Include checking, savings, money market, houses, pension funds, cooperatives, assource, no pension funds, assource, assource, no pension funds, no pension funds, street, City, State and ZIP Code) Do you now have, or did you have within 1 cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage unit	Last 4 digits of account number year before you filed fo Who else had ac Address (Number, 3 State and ZIP Code)	Type of account or instrument r bankruptcy, any safe cocess to it? Describerations.	Date account was closed, sold, moved, or transferred deposit box or other depose the contents	Last balance before closing of transfer sitory for securities, Do you still have it?			

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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De	btor 1 Dominique T. Shehee		Case number (if known)					
Pa	rt 9: Identify Property You Hold or Control for	Someone Else						
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.							
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value				
Pa	rt 10: Give Details About Environmental Inform	nation						
For	the purpose of Part 10, the following definitions	s apply:						
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su Site means any location, facility, or property as	air, land, soil, surface water, ground ibstances, wastes, or material.	water, or other medium, including	statutes or				
	to own, operate, or utilize it, including disposal	l sites.						
_	Hazardous material means anything an enviror hazardous material, pollutant, contaminant, or	nmental law defines as a hazardous similar term.	waste, hazardous substance, tox	c substance,				
Rep	oort all notices, releases, and proceedings that y	ou know about, regardless of when	they occurred.					
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	under or in violation of an environ	mental law?				
	No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any	release of hazardous material?						
	■ No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or admini	strative proceeding under any envi	ronmental law? Include settlement	s and orders.				
	■ No □ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Pa	rt 11: Give Details About Your Business or Cor	nnections to Any Business						
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have an	v of the following connections to a	any business?				
	☐ A sole proprietor or self-employed in a	·	,	, 240				
	☐ A member of a limited liability company	(LLC) or limited liability partnershi	p (LLP)					
	☐ A partner in a partnership							
	☐ An officer, director, or managing execu	tive of a corporation						
	☐ An owner of at least 5% of the voting or	r equity securities of a corporation						

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Dominique T. Shehee			Case number (if known)		
	No. None of the above applies. Go to F	Part 12.			
	☐ Yes. Check all that apply above and fill	in the details below for each business.			
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer identification number Do not include Social Security number or ITIN. Dates business existed		
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	cy, did you give a financial statement to a	anyone about your business? Include all financial		
	No Yes. Fill in the details below. Name Address (Number, Street, City, State and ZIP Code)	Date Issued			
Pa	rt 12: Sign Below				
are with	ve read the answers on this <i>Statement of Fin</i> - true and correct. I understand that making a s n a bankruptcy case can result in fines up to \$ J.S.C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property, or	declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both.		
/s/	Dominique T. Shehee				
Do	minique T. Shehee nature of Debtor 1	Signature of Debtor 2			
Da	March 25, 2019	Date			
Did	•	nt of Financial Affairs for Individuals Filir	ng for Bankruptcy (Official Form 107)?		
Did	you pay or agree to pay someone who is not	an attorney to help you fill out bankrupto	cy forms?		
	es. Name of Person . Attach the Bankrup	otcy Petition Preparer's Notice, Declaration,	and Signature (Official Form 119).		

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Fill in this inform	nation to identify your	case.		. 0			
Debtor 1	Dominique T. Sh						
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bar	nkruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA				
Case number (if known)					Check if this is an amended filing		
	Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7						
f you are an individual filing under chapter 7, you must fill out this form if: creditors have claims secured by your property, or you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form							

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

information below.	D. Creditors wito have Claims Secured by Property (C	micial Form 106D), till in the
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's name:	☐ Surrender the property.	□ No
Description of	 Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. 	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□No
name:	☐ Retain the property and redeem it.	_
Description of	☐ Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 1

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Debtor 1 Dominique T. Shehee	Case number (if kno	own)
name:	☐ Retain the property and redeem it.	☐ Yes
Description of	Retain the property and enter into a	
property	Reaffirmation Agreement. ☐ Retain the property and [explain]:	
securing debt:	- Tretain the property and [explain].	
the information below. Do not list real estate	ty Leases you listed in Schedule G: Executory Contracts and Unexp leases. Unexpired leases are leases that are still in effect ty lease if the trustee does not assume it. 11 U.S.C. § 365(the lease period has not vet ended
Describe your unexpired personal property lea	ases	Will the lease be assumed?
.essor's name:		□ No
Description of leased		= •
Property:		☐ Yes
essor's name:		□ No
Description of leased Property:		
Toperty.		☐ Yes
.essor's name:		□ No
Description of leased		
Property:		☐ Yes
.essor's name:		□ No
Description of leased Property:		☐ Yes
.essor's name:		□ No
Description of leased		2 110
Property:		☐ Yes
.essor's name:		□ No
Description of leased Property:		
тореку.		☐ Yes
essor's name:		□ No
Description of leased Property:		☐ Yes
Port 2: Circo Poloss		
Part 3: Sign Below		
nder penalty of perjury, I declare that I have in roperty that is subject to an unexpired lease.	dicated my intention about any property of my estate that	secures a debt and any personal
(/s/ Dominique T. Shehee	x	
Dominique T. Shehee	X Signature of Debtor 2	
Signature of Debtor 1		
Date March 25, 2019	Date	
indion 20, 2010		

Statement of Intention for Individuals Filing Under Chapter 7

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Fill in this information to identify your case:	Check one box only as o	directed in this form and in Form
Debtor 1 Dominique T. Shehee	122A-1Supp:	
Debtor 2 (Spouse, if filing)	1. There is no pres	sumption of abuse
United States Bankruptcy Court for the: Middle District of Pennsylvania	applies will be r	to determine if a presumption of abuse made under Chapter 7 Means Test
Case number (if known)	_	ficial Form 122A-2).
(II KIDWI)	☐ 3. The Means Test qualified militar	t does not apply now because of y service but it could apply later.
	☐ Check if this is a	ın amended filing
Official Form 122A - 1		
Chapter 7 Statement of Your Current Monthly In	ncome	12/15
Be as complete and accurate as possible. If two married people are filing together, both are et attach a separate sheet to this form. Include the line number to which the additional informaticase number (if known). If you believe that you are exempted from a presumption of abuse be qualifying military service, complete and file Statement of Exemption from Presumption of Ab Part 1: Calculate Your Current Monthly Income	on applies. On the top of a	ny additional pages, write your name and
What is your marital and filing status? Check one only.		
Not married. Fill out Column A, lines 2-11.		
☐ Married and your spouse is filing with you. Fill out both Columns A and B, lin	nes 2-11.	
☐ Married and your spouse is NOT filing with you. You and your spouse are	:	
☐ Living in the same household and are not legally separated. Fill out both	Columns A and B, lines	2-11.
☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do penalty of perjury that you and your spouse are legally separated under nonliving apart for reasons that do not include evading the Means Test requirem	bankruptcy law that appli-	es or that you and your spouse are
Fill in the average monthly income that you received from all sources, derived during the 6 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not in spouses own the same rental property, put the income from that property in one column only. If you	through August 31. If the amo	ount of your monthly income varied during
	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
Your gross wages, salary, tips, bonuses, overtime, and commissions (before payroll deductions).	all \$	\$
 Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. 	\$	\$
4. All amounts from any source which are regularly paid for household expense of you or your dependents, including child support. Include regular contribution from an unmarried partner, members of your household, your dependents, parents and roommates. Include regular contributions from a spouse only if Column B is no filled in. Do not include payments you listed on line 3.	ns ,	\$
5. Net income from operating a business, profession, or farm		
Debtor 1		
Gross receipts (before all deductions) \$ 0.00		
Ordinary and necessary operating expenses -\$ 0.00		
Net monthly income from a business, profession, or farm \$ 0.00 Copy here	9 -> \$	\$
Net income from rental and other real property Debtor 1		
Gross receipts (before all deductions) \$ 0.00		
Ordinary and necessary operating expenses -\$ 0.00		
Net monthly income from rental or other real property \$ 0.00 Copy here	e -> \$ 0.00	\$

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

0.00

page 1

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7. Interest, dividends, and royalties

				Column A		Column B		
				Debtor 1		Debtor 2 or non-filing s		
8.	Unemployment compensation			\$	0.00	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:		it under	-				
	For you \$ For your spouse \$	0.0	00					
_	For your spouse \$							
	Pension or retirement income. Do not include any ambenefit under the Social Security Act.			\$	0.00	\$		
10.	Income from all other sources not listed above. Spe Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hur domestic terrorism. If necessary, list other sources on a total below.	Security Act or paymen manity, or international	ts or					
	Gift Monies			\$	55.83	\$		
	Total annual from a south of the			\$	0.00	\$		
	Total amounts from separate pages, if any.		+	\$	0.00	\$		
11:	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total	es 2 through 10 for al for Column B.	\$	2,482.81	* \$ _		= \$	2,482.81
							Total o	current monthly
Part	2: Determine Whether the Means Test Applies to	o You					IIICOIII	9
12.	Calculate your current monthly income for the year.	Follow these steps:						
	12a. Copy your total current monthly income from line 1	1		Сор	y line 11 l	nere=>	\$	2,482.81
	Multiply by 12 (the number of months in a year)						x	12
	12b. The result is your annual income for this part of the	e form				12b.	\$	29,793.72
13.	Calculate the median family income that applies to y	ou. Follow these step	s:					
	Fill in the state in which you live.	PA						
	Fill in the number of people in your household.	1						
	Fill in the median family income for your state and size					13.	\$	53,803.00
	To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.							
14.	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. Or Go to Part 3.	n the top of page 1, ch	eck box	1There is	no presum	ption of abuse).	
	14b. Line 12b is more than line 13. On the top o Go to Part 3 and fill out Form 122A-2.	f page 1, check box 2,	The pre	esumption o	f abuse is	determined by	Form 12	22A-2.
Part	3: Sign Below							
	By signing here, I declare under penalty of perjury	that the information or	this sta	atement and	in any atta	chments is tru	e and c	orrect.
	X /s/ Dominique T. Shehee							
	Dominique T. Shehee Signature of Debtor 1							
	Date March 25, 2019 MM / DD / YYYY							
	If you checked line 14a, do NOT fill out or file Form	122A-2.						
	If you checked line 14b, fill out Form 122A-2 and fi	le it with this form.						

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 2

United States Bankruptcy Court Middle District of Pennsylvania

	initiate District of I chinsylvania		
Inı	In re Dominique T. Shehee Debtor(s)	Case No. Chapter	7
	Decitor(s)	Chapter	
	DISCLOSURE OF COMPENSATION OF ATTORNEY	Y FOR DE	CBTOR(S)
1,	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for compensation paid to me within one year before the filing of the petition in bankruptcy, or agree be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy	to me, for services rendered or to	
	For legal services, I have agreed to accept	\$	1,200.00
		\$	1,200.00
	Balance Due	\$	0.00
2.	The source of the compensation paid to me was:		
	■ Debtor □ Other (specify):		
3.	The source of compensation to be paid to me is:		
	■ Debtor □ Other (specify):		
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless	they are memb	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are copy of the agreement, together with a list of the names of the people sharing in the compe	not members nsation is atta	or associates of my law firm. A ched.
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the	bankruptcy c	ase, including:
	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining the preparation and filing of any petition, schedules, statement of affairs and plan which may be concerned to the debtor at the meeting of creditors and confirmation hearing, and any at the debtor in adversary proceedings and other contested bankruptcy matters. [Other provisions as needed] Representation & counseling related to: preparation and filing of bankruptcy matters and Chapter 7 plan, if applicable; motion(s) to avoid lien on collateral; review of reaffirmation agreement(s) with secured creditors; relaims, if applicable. 	e required; adjourned hear ers; uptcy petitio household o	rings thereof; n, all required initial filing goods; motion(s) to redeem
5.	By agreement with the debtor(s), the above-disclosed fee does not include the following servic THIS IS NOT AN EXHAUSTIVE LISTING. Representation & counseling for following: defense or prosecution of any adversary proceedings brough determination of dischargeability of claim(s); defending motions for relie which are filed due to failure to comply, failure to pay plan payments, lac motion(s) to Dismiss for substantial abuse under Sec. 707(b) and any relief	r any addition t by or agair of from stay, ok of good fa	est the Debtor(s), to include motions to Dismiss case with in filing; defending

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administration of the bankruptcy case.

motion to convert case to another chapter; preparation and filing of amendment(s) to schedules; preparation and filing of any amended Chapter 7 plan(s), which are necessitated as a result of Debtors' actions, failures or mistakes; representation and filing of all documents related to motion(s) to sell, auction or transfer real estate or other asset(s); motion(s) to re-open or reinstate case; motion(s) to reinstate "stay" after relief from stay granted; motion(s) to suspend payments or modify plan post-confirmation; and such other matters which may arise from

time to time but are not included in the standard services under the "flat" fee but are necessary for the

Dom	iniaua	т	Shehee
DOIL	muuc		SHEHEE

Debtor(s)	
(-)	

Case No.	

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

CF	RT	IR	CA	TI	a	N
	1	TT.	I CA		v	1.4

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 25, 2019

Date

In re

/s/ Lisa A. Rynard

Lisa A. Rynard
Signature of Attorney
Purcell, Krug & Haller
1719 North Front Street
Harrisburg, PA 17102

(717) 234-4178 Fax: (717) 236-6120

Irynard@pkh.com

Name of law firm